

<b>Name</b>	
<b>Rank</b>	

### Checklist Batch 2023-27

	Yes	No
1. ADMISSION FORM (ORIGINAL)		
2. LIBRARY FORM		
3. 10 TH MARK SHEET & PASSING CERTIFICATE (2 PHOTOCOPY)		
4. 10+ 2 MARK SHEET & PASSING CERTIFICATE (2 PHOTOCOPY)		
5. SEAT ALLOTMENT LETTER		
6. CHARACTER CERTIFICATE ( ORIGINAL)		
7. PROOF OF SC/ ST/DEFENSE CATEGORY		
8. APPENDIX 1: UNDERTAKING FOR DEFENCE CATEGORY (ORIGINAL AND PHOTOCOPY)		
9. APPENDIX 2: CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY		
HANDICAPPED/PERSONS WITH DISABILITY QUOTA (ORIGINAL AND PHOTOCOPY)		
10. APPENDIX 5 MEDICAL CERTIFICATE (ORIGINAL AND PHOTO COPY)		
11. APPENDIX 7 : UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING (ORIGINAL AND PHOTOCOPY)		
12. APPENDIX 8: UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING (ORIGINAL AND PHOTOCOPY)		
13. 6 PASSPORT SIZE PHOTOS		
14. AADHAR CARD		
15. COVID VACCINATION CERTIFICATE		
16. DEMAND DRAFT /NEFT Details-		

**Verified By:**

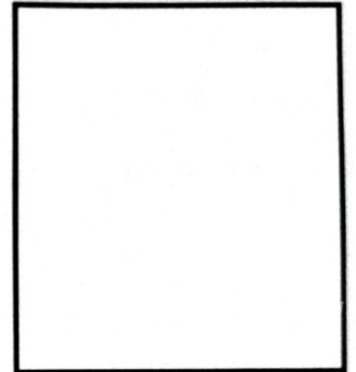
**Name, Designation & Date**



**BANARSIDAS CHANDIWALA INSTITUTE OF HOTEL  
MANAGEMENTS & CATERING TECHNOLOGY, NEW DELHI**

**ADMISSION/ REGISTRATION FORM**

**BATCH:2023-27**



**PERSONAL DETAILS (FILL IN CAPITAL LETTERS.)**

1. NAME: .....
2. ENROLLMENT NUMBER .....
3. CET RANK.....
4. FATHER'S NAME: .....
5. FATHER'S PHONE NUMBER AND EMAIL ID: .....
6. MOTHER'S NAME: .....
7. MOTHER'S PHONE NUMBER AND EMAIL ID .....
8. DATE OF BIRTH: ...../...../.....      9. AADHAR NUMBER.....
10. GENDER: MALE/ FEMALE                      11. NATIONALITY: .....
12. REGION: DELHI/ OUTSIDE DELHI
13. CATEGORY: GENERAL CATEGORY /SCHEDULED CASTE /SCHEDULED TRIBE DEF :  
DEFENSE
14. RELIGION: .....
15. PERMANENT ADDRESS: .....
- .....
16. DISTRICT:..... 17. STATE:..... 18. PIN CODE:.....
19. CORRESPONDENCE ADDRESS.....
- .....
20. CONTACT NO. WITH STD CODE(S).....(RES) .....(MOB)
21. E-MAIL ADDRESS: .....

## 22. ACADEMIC DETAILS:

COURSE	BOARD/ UNIVERSITY	SUBJECTS	YEAR OF PASSING	PERCENTAGE
10 <sup>TH</sup>				
12 <sup>TH</sup>				
GRADUATION				
OTHERS (IF ANY)				

SIGNATURE OF STUDENT

**Checklist of Documents**

1. ADMISSION FORM (ORIGINAL)
2. LIBRARY FORM
3. 10<sup>TH</sup> MARK SHEET & PASSING CERTIFICATE (2 PHOTOCOPY)
4. 10+ 2 MARK SHEET & PASSING CERTIFICATE (2 PHOTOCOPY)
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14. AADHAR CARD
15. COVID VACCINATION CERTIFICATE
16. DEMAND DRAFT /NEFT Details-

# UNDERTAKING

I, ..... S/o/D/o.....Roll Number.....of Batch..... a student of BHMCT at Banarsidas Chandiwala Institute of Hotel Management & Catering Technology, New Delhi declares that-

(a) The information furnished by me in registration form is true the best of my knowledge & belief. if on later date any information given by me found to be incorrect, my admission from the institute shall be cancelled and I have no claim what so ever on the institute and all my payments including fee, security deposit etc. shall be forfeited.

(b) I have read and understood the rules and penalties in respect of General Discipline & conduct, Ragging and Attendance as given in chapter 16 of admission brochure and undertake to abide by the same.

(c) I am aware that in case I fail to abide by the prescribed rules, the institute may take any appropriate action against me as prescribed.

(d) I am aware that if attendance falls short by 75% aggregate I am liable to be detained from appearing in the Term –End Examination.

Signature of the Student : .....

Date:...../...../.....



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
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Accredited as NAAC A++ Grade

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**UNDERTAKING FOR DEFENCE CATEGORY**

(To be submitted at the Time of Counselling /Admission  
for Academic Session 2023-24

I \_\_\_\_\_ Son/Daughter of \_\_\_\_\_ NLT /CET/CUET  
Application No. \_\_\_\_\_ NLT /CET/CUET Rank \_\_\_\_\_ Programme \_\_\_\_\_ hereby

undertake that I fall under the following Priority of Defence category as tick marked below:-

- Priority I : Widows/Wards of Defence personnel/Para Military Personnel killed in action..
- Priority II : Wards of Defence Personnel and ex-servicemen/Para Military personnel disable in action and boarded out from service with disability attributed to military service
- Priority III : Widows/Wards of Defence personnel/Para Military personnel who died in peace time with death attributable to military service.
- Priority IV : Wards of Defence personnel/Para Military personnel disabled in service and boarded out from service with disability attributable to military service.
- Priority V : Wards of serving Defence personnel and Ex-Servicemen/Para military/police personnel who are in receipt of Gallantry Awards.
  - i. Param Vir Chakra
  - ii. Ashok Chakra
  - iii. Maha Vir Chakra
  - iv. Kirti Chakra
  - v. Vir Chakra
  - vi. Shaurya Chakra
  - vii. Sena, Nau Sena, Vayu Sena Medal
  - viii. Mention in Despatches
  - ix. President's Police Medal for Gallantry
  - x. Police Medal for Gallantry
- Priority VI : Wards of Ex-Servicemen.
- Priority VII : Wives of
  - i. Defence personnel disabled in action and boarded out from service.
  - ii. Defence personnel disabled in service and boarded out with disability attributable to military service.
  - iii. Ex-Servicemen and serving personnel who are in receipt of Gallantry Awards.
- Priority VIII : Wards of Serving Personnel.
- Priority IX : Wives of Serving Personnel.

Name of Father/Mother \_\_\_\_\_ Name of Candidate: \_\_\_\_\_  
Rank \_\_\_\_\_ Address: \_\_\_\_\_  
Service No \_\_\_\_\_ Unit \_\_\_\_\_ Tel No: \_\_\_\_\_  
Signature of Father/Mother \_\_\_\_\_ Signature of Candidate: \_\_\_\_\_

**Countersigned by:** Secretary, Kendriya Sainik Board, New Delhi / Secretary, Rajya or Zila Sainik Board / Officer-in-Charge, Record Office/Concerned Officials of Ministry of Home Affairs in case of Para Military Forces/ Police personnel who are in receipt of Gallantry Awards.

I have checked the original documents and I certify that he/she is entitled for reservation under defence category under priority \_\_\_\_\_ (Note: The priority must be filled otherwise the claim shall be rejected).

Date : \_\_\_\_\_  
Place : \_\_\_\_\_ Seal/ Signature of the officer

Note: Entitlement card in original issued by Record Officer of the Unit/Regiment of Armed personnel of the Armed Forces in case of Armed personnel or from Home Ministry in case of Para Military Forces / Police personnel who are in receipt of Gallantry Awards.





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**Certificate for availing Admission  
against Physically Handicapped/Persons with Disability Quota  
for Academic Session 2023-24**

(To be submitted at the Time of Counselling/Admission)

Photograph  
duly attested by  
the officer who  
has certified  
this certificate

Certified that Shri/ Km/ Smt. \_\_\_\_\_ Son/daughter/wife of  
Shri/Smt. With NLT /CET /CUET Application No \_\_\_\_\_ and NLT  
/CET /CUET Rank \_\_\_\_\_ is Physically Handicapped/Persons with  
Disability due to \_\_\_\_\_ and he/she is fit for undergoing the following  
Programmes of Study(s) :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

at Guru Gobind Singh Indraprastha University, Delhi for the Academic Session 2023-24.

Date of Issue: \_\_\_\_\_

Name, Designation & Signature  
with date and Office Seal  
of the Issuing Authority

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Hospital: \_\_\_\_\_



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Shri/Smt. With NLT /CET /CUET Application No \_\_\_\_\_ and NLT  
/CET /CUET Rank \_\_\_\_\_ is Physically Handicapped/Persons with  
Disability due to \_\_\_\_\_ and he/she is fit for undergoing the following  
Programmes of Study(s) :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

at Guru Gobind Singh Indraprastha University, Delhi for the Academic Session 2023-24.

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Designation: \_\_\_\_\_

Hospital: \_\_\_\_\_



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**MEDICAL CERTIFICATE\*\***  
**(FOR THE ACADEMIC SESSION 2023-24)**  
**(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)**

Photograph  
duly attested by  
the officer who  
has certified  
this certificate

I certify that I have carefully examined Shri/Km/Smt.\* \_\_\_\_\_  
son/ daughter/wife of Shri/Smt.\* \_\_\_\_\_ whose  
signature is given below. Based on the examination, I certify that he/she is in good mental and physical  
health and is free from any physical defects which may interfere with his/her studies including the active  
outdoor duties required of a professional. Visible Mark of Identification

\_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place :

Date :

Name & Signature of the  
Medical Officer with Seal and  
Registration Number

\* Strike whichever is not applicable.

\*\* To be signed by a Registered Medical Practitioner holding a Medical degree.

*Note : Use photocopy of this Form*





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**UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING**

I, \_\_\_\_\_ S/D of Mr./ Mrs. /Ms. \_\_\_\_\_, having been admitted to Programme/Stream \_\_\_\_\_, at (Institute/College) \_\_\_\_\_ have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent

Name:

Address:

Telephone/Mobile No.

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ on this the \_\_\_ of \_\_\_\_\_.

\_\_\_\_\_  
Signature of deponent



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**UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING**

1. Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of, (full name of student with admission/registration/enrolment number), having been admitted to \_\_\_\_\_ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
  - a) My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of the Regulations.
  - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this \_\_\_day of \_\_\_\_\_ month of \_\_\_\_\_year.

\_\_\_\_\_  
 Signature of deponent  
 Name:  
 Address:  
 Telephone/Mobile No.:

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ on this the \_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of deponent



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**UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING**

1. Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of, (full name of student with admission/registration/enrolment number), having been admitted to \_\_\_\_\_ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009. (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.  
3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.  
4) I hereby solemnly aver and undertake that  
a) My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of the Regulations.  
b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

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Declared this \_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent

Name:

Address:

Telephone/Mobile No.:

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ on this the \_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of deponent